

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 091980 963	FILING DATE
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1		1			
2					1		
3	2				1		
4	2				1		
5	1				1		
6	1				1		
7	1				1		
8	1				1		
9					1		
10	1	1		1			
11	1		1		1		
12	1		1		1		
13	3		1		1		
14	2		1		1		
15	1		1		1		
16	1		1		1		
17	1		1		1		
18					1		
19					1		
20					1		
21					1		
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48							
49							
50							
TOTAL IND.		2	1	3	1		
TOTAL DEP.		1	4	18	1		
TOTAL CLAIMS		10	5	21	5		